SAN JOSÉ STATE UNIVERSITY

RESEARCH FOUNDATION

San Jose State University Research Foundation
Vision Enrollment Form

Employee Name: _____ Social Security # _____
Please print

Address: _____

_____

I am applying for the following coverage: (Please check one)

- ❑ Employee Only Coverage
- ❑ Employee Plus One Dependent
- ❑ Employee Plus Family
- ❑ I am Declining Coverage

If dependent coverage is selected, please complete the following information:

Name	Relationship	Social Security No.	Date of Birth

Signed: _____ Date: _____